

base of the tumour was so firmly girt by the aperture of the eyelids, that an incision was first requisite from the outer corner of the eye towards the temple, so as to give more room for the operation, which was then accomplished in less than a minute by a few strokes of the knife. Two arteries bled freely; and were secured by ligatures. A piece of lint was placed over the closed lids, and over that a sponge retained by a bandage.

"There was no unfavourable symptom afterwards, and the patient was discharged cured at the end of the month. This man presented himself at the Eye Infirmary a few days ago, (February, 1837,) remaining quite well, and there does not appear any tendency to a return of the disease.

"After the operation, on making an incision across the tumour, it was found of a firm granular texture throughout; and in its centre the remains of the eye were very evident. The whole globe of the eye, with a portion of the optic nerve, were removed, as may be seen on inspecting the preparation, which is now at the Eye Infirmary.

"On maceration in spirit, the tumour became of a white colour, and shrank to about half its original size: but still the shape of the eyeball is distinctly marked by the pigment of the choroid."—*Ibid.*

This case is interesting, as showing that some tumours of very formidable appearance, and productive of severe pain, have nothing in their nature which is malignant, and may be extirpated with success.

---

#### SURGERY.

59. *Wound of the Femoral Artery successfully treated.* By M. LISFRANC.  
—M. T. aged twenty-three, sanguine temperament, excellent constitution, violent character, seized, during a fit of passion, on the 3d of June, a knife, nine inches in length, and ran it through his thigh from side to side. The blade penetrated from without inwards, about two-thirds up the thigh, and came out about an inch above the aponeurotic ring through which the femoral artery perforates the triceps muscle. The hæmorrhage which instantly came on was frightful; his strength forsook him, and he fell down on the pavement, before he could aim another blow at his heart, which he attempted. He was immediately conveyed to the Hospital de la Pitié, and placed on a bed. This was at five o'clock in the afternoon. Drs. Devilliers and Salone, who arrived a few minutes after the accident, exercised successively with M. Martinet, the cléve of the hospital, strong pressure on the artery, just below Poupart's ligament. The patient was seized with vomiting, which rendered compression very difficult; the accident took place immediately after his repast. M. Lisfranc arrived at ten o'clock, and found the patient in the following state:—Constant vomiting, starting of the tendons, syncope, extreme pallor and sinking of the countenance, the wounded member was nearly double its natural size, but the colour of the skin was not changed. It was a question whether the enlargement of the limb was caused by the injection of blood into the cellular membrane, or by inflammatory tumefaction. M. Lisfranc considered it to be the latter, as he had before witnessed cases where inflammation and tumefaction came on in the course of an hour or two, contrary to the opinion of most authors; he therefore acted upon the strength of his diagnosis, and proceeded to tie the vessel. He made an incision three inches and a half in length by the side of the wound, commencing half an inch below the opening through which the artery perforates the tendon of the triceps muscles. The subcutaneous cellular tissue was double its natural thickness, but there was no sanguineous infiltration. Having exposed the sartorius muscle, which was found swelled, the operator met at its inner edge the course of the wound, near the opening of the tendon of the triceps. The tissues were of a dark colour at this point, and slightly infiltrated with blood. The sartorius

had contracted intimate adhesions with the subjacent parts, owing to the inflammation of the tissues. These adhesions were destroyed with the finger. Under the muscle, at the point where the vessel had been wounded, were found dense clots of blood. The sheath of the artery was next laid open to some extent, and the vessel was found contracted to a very small size, being quite empty. The vein, on the contrary, was very large, and its volume singularly augmented every time the patient exerted himself in vomiting. Owing to the contracted state of the artery, the wound in its coat was so much reduced that M. Lisfranc could not discover it until the pressure above was removed for an instant. When the vessel was set at liberty, the blood was immediately thrown out in a very thick column, and with great force. The operator instantly clapped his finger on the wound, and the pressure was renewed. A ligature was now passed under the vessel, which was tied above the wound. Another ligature was applied below it, but it was necessary before this could be done, to slit the tendon, through which the artery passes, to the extent of about a third of an inch. The wound caused by the operation was then closed, and its edges kept together by adhesive plaster, over which a compress was applied; then a bandage was twisted round the limb all the way from the crural arch to the toes. From eleven o'clock at night until the following morning the patient felt very severe pain in the inner ankle and instep; great tumefaction of the whole limb; no sleep. At seven o'clock, it was found necessary to slacken the bandage; the pain immediately abated. (*Gum-water; absolute abstinence.*)

June 4th. Until four o'clock, slight pains towards the extremity of the member, which was placed in the demi-flexion on its outer side. The limb was covered with a bolster, for preserving its warmth; its natural temperature never forsook it. Vomiting intermittent, and without any effort; a few minutes sleep in the day. Towards ten o'clock at night, slight delirium; pulse full and frequent; skin hot; but as the patient had lost a great quantity of blood, it was not judged proper to have recourse to bleeding. At intervals, during the night, the patient had about three hours sleep. (*Same prescription.*)—5th. He slept during the whole night; the suppuration which commenced to be established was of a good quality, and it issued in great abundance from the outer wound caused by the knife. The heat of the limb was natural. (*Gum-water; abstinence; dressings renewed twice a-day.*)

The patient was kept under a similar treatment until the 14th, when he was allowed chicken broth in addition. The wound continued to discharge very profusely for some days, but by the 17th, the discharge had nearly ceased. His diet was gradually increased from the last mentioned period; and by the 30th, he was perfectly recovered, and able to return to his occupations. The limb never lost its natural temperature. The lower ligature came away on the 13th, and the upper on the 14th.

"There is one circumstance well worthy of notice in this case, namely, the sudden manner in which the inflammation and tumefaction of the limb took place in a case of clean incised wound. We cannot help noticing also the favourable and rapid cessation of the swelling, when neither surgical nor medical means were resorted to for their reduction. All the medicine which the patient took was gum-water. Not a grain of cathartic medicine of any sort was administered; nor is there a word said about the state of the bowels."—*Lond. Med. and Surg. Journ.* October, 1828.

60. *Stricture of the Urethra cured by a Mercurial Treatment.* By Professor GRAEFFE.—A man who had had gonorrhœa several times, was troubled for eleven years with stricture of the urethra, which was latterly so considerable as to produce a development of tumours along the passage, extending throughout the perinæum. He felt a constant inclination to make water, but the fluid only came drop by drop, in consequence of which the bladder was never completely emptied. The absorption of the urine had affected the constitution of the patient very much, and it communicated to the breath and perspiration a strong

urinous odour. When the patient entered the hospital, his suffering was in the extreme; the tumours had enlarged to such a degree that he had not been able to pass any urine for eight-and-forty hours. At this time he had a violent fever; the inflammation which supervened in the bladder and the scrotum had resisted blood-letting, general and local, and part of the urine had become extravasated into the surrounding cellular tissue through an opening which had formed behind the stricture. The puncture of the bladder, performed immediately, owing to the impossibility of introducing the catheter, removed the danger for the moment. The fever and the inflammatory symptoms abated under the use of appropriate internal remedies; but a considerable part of the scrotum had become gangrenous, and when the slough separated, a great quantity of urine, which had been extravasated, came away at the same time. In this state of things, and considering especially the original cause of this inveterate affection, mercurial frictions were prescribed. Under the influence of this treatment, the urethral tumours disappeared; the testicles, which were before naked, became enveloped in skin; the urinary fistulæ closed, and the patient quitted the hospital.—*Institut. de Clinique Chirurg. de Berlin.*

61. *Case of Strangulated Hernia presenting a Remarkable Peculiarity.*—Dr. EHERMANN, of Strasbourg, relates in the *Repertoire de Anatomie*, Vol. V. the case of a labourer, aged forty-seven years, of a robust constitution, who, some days after having entered the clinic of the faculty, to be treated for a whitlow, was attacked suddenly, without any known cause, with all the symptoms of strangulated inguinal hernia. The stricture was not produced, however, by the external inguinal ring; for this permitted the introduction of two fingers, and the portion of tumour behind it was distinctly felt. Three days being spent in fruitless attempts at relief, it was determined to operate; but the precise seat of the strangulation was still doubtful: the external inguinal ring was free, the hernial tumour had the direction of the canal, and it could not be ascertained if it extended very far into the abdominal cavity; nevertheless, as the hernia was circumscribed at the exterior, and it could not be reduced, Dr. Ehermann supposed that the stricture existed at the internal opening of the inguinal canal. An incision of three inches laid bare the aponeurosis of the external oblique, about an inch above the ring. On removing the fascia of condensed cellular tissue, the hernial sac presented, which was opened, some reddish serum flowed out, and the fold of intestine appeared of a livid colour, bluish, and inflamed throughout. On introducing the finger into the bottom of the wound at the superior angle, the supposed stricture at the internal opening of the inguinal canal, was immediately recognised. The first finger of the left hand being placed on the intestine, and introduced to the seat of the stricture, served as a guide to Cooper's probe-pointed bistoury: immediately on dividing the stricture above and outwards, the finger could be introduced into the cavity of the abdomen, and the fold of intestine was very easily reduced. The wound was dressed with adhesive plasters, lint, compresses, and bandages, and in less than a month the patient was dismissed cured.

Dr. Dorsey, in his *Elements of Surgery*, relates a case somewhat similar; but in it the stricture was produced by the neck of an old hernial sac, which had been a long time returned into the abdomen.

62. *Cases of Laryngitis, in which Bronchotomy was successfully performed.* By Dr. COOPER, of Glasgow.—“*Case I.* A weaver, fifty years of age, was admitted on the 7th of November, 1827, with dyspnoea, and difficult deglutition. The voice was much impaired—the air during inspiration produced in its passage through the upper part of the larynx, a loud, moving noise, and, at times, a ringing sound—occasional paroxysms of violent cough, with copious but difficult expectoration of tough and yellow sputum—parts in front and at the side of the thyroid cartilage swollen and tender upon pressure, the swelling extending in a less degree towards the cricoid cartilage and os hyoides—no discolora-

tion of the skin—nothing unusual in the fauces or the epiglottis—pulse 120, feeble, and thready—skin cold—aspect pale and haggard—strength much reduced. These were the symptoms, and it seemed that six weeks before, without obvious cause, the complaint began by swelling around the thyroid cartilage, followed by throbbing pain in the part. In the course of seven days the pain was relieved, but difficulty of breathing and swallowing commenced, and during the last eight days had been urgent.

“Leeches, and after them a blister, were immediately applied over the larynx, and a grain of calomel and the same amount of opium ordered to be taken every third hour. At nine, P. M. he was suddenly seized with dyspnoea so severe as to threaten immediate suffocation, and this was still so urgent when Dr. C. arrived, that he forthwith proceeded to open the windpipe. On account of the swelling above the larynx, the opening was made below the cricoid cartilage, which procured instantaneous relief for the dyspnoea. The wound was kept open by a bit of curved wire. No further difficulty of breathing took place, excepting that once a severe fit of coughing was caused by a little milk escaping through the wound. On another occasion, also, accidental derangement of the wire produced a slight paroxysm, but further than these, not the slightest inconvenience was felt after the operation. After a few weeks the wire was exchanged for a curved silver tube, about two and a half inches long, and one fourth of an inch in diameter, provided with two small rings, through which a piece of tape was passed, and tied round the neck, to retain the tube in situ.

“On the supposition that the contraction of the cavity of the larynx depended on thickening of its lining membrane, a mercurial course was prescribed, but apparently without benefit; for, although the patient continued to breathe easily so long as the wound was kept open, yet all attempts to make him breathe through the mouth alone, proved ineffectual. On various occasions the wound was closed with adhesive plaster, to ascertain if any improvement had taken place, but it was invariably found necessary at the end of a few minutes to open the wound and replace the tube, on account of increasing dyspnoea. At one time I entertained hopes of being able to dilate the contracted larynx, by bougies passed upwards through it from the wound; but the extreme irritability of the parts rendered this proposal impracticable. The introduction of even a probe through the wound into the larynx, was found to excite such a paroxysm of cough, that it was absolutely necessary to desist.”

“After remaining in the hospital above five months, the patient was dismissed, suffering no inconvenience except the necessity of breathing through the tube, a circumstance which habit had rendered very tolerable. By stopping up the tube with the point of his finger, he could speak in a hoarse but audible tone. In the month of August last he appeared at the infirmary, and was perfectly free from all complaint.

*Case II.*—“This was a tobacco-pipe maker, aged twenty-eight, who was seen by Dr. Couper, thirteen days after the commencement of the laryngeal inflammation. He had been bled pretty freely at different times, blistered, and treated with diaphoretic medicines, but still, though at times apparently relieved, the disease had proceeded on its march. When examined by Dr. C. he was just recovering from a fit of alarming orthopnoea, and presented these symptoms. Incapability of assuming the horizontal posture—inspiration laborious and wheezing—fauces red and swollen—epiglottis enlarged, tense, and shaped like a glans penis during erection—uneasiness decidedly referred to the larynx.

“Laryngotomy was immediately agreed upon. In making the incision through the integuments, a small artery was cut, and bled very freely. At the same instant the dyspnoea became greatly increased; the patient’s face became livid, his limbs quivered, and his urine was ejected involuntarily. Without waiting to secure the artery, I immediately perforated the thyro-cricoid membrane, and the transition from the state now described to easy respiration was nearly instantaneous. The patient’s body being inclined forward, no inconvenience was felt from the bleeding, which was speedily stopped by the pressure of the wire employed to dilate the aperture. From this time he continued to

breathe easily, partly by the wound and partly by the mouth, and swallowed without difficulty.'

"Four days after the operation the wire was withdrawn, and on the 15th the wound was so very nearly healed that even during coughing no air escaped by it. Nine days after this, the patient had a rigor, followed by urgent orthopnea, and a little pain and swelling of the right side of the larynx. After vainly employing a full dose of laudanum and antimonial wine, without relief, the larynx was opened a second time. In the course of ten days, the wire was changed for a silver tube which was kept in the wound for upwards of a month, and then withdrawn, shortly after which the wound was healed. A few days after this he was discharged, affected with only a glandular swelling on the left side of the neck, which soon disappeared on his leaving the hospital.

"Both of these cases appear important; the former as an example of contraction of the larynx produced by chronic inflammation, and the latter as an instance of the same effect arising from acute œdematous laryngitis. The important fact, that the dyspnea in cases of laryngeal disease is liable to sudden and dangerous exacerbations, is well illustrated by both. Such paroxysms may cease after the irritability of the parts is exhausted, but they will certainly recur again and again, until suffocation is produced, unless an artificial opening is made into the windpipe, to allow a free access of air to the lungs. When the necessity for it ceases, the aperture can be easily healed up; and even should the contraction of the larynx prove permanent, as in the case of Limpitlaw, it must be allowed that the inconvenience arising from breathing through a tube inserted into the windpipe during the remainder of life, is small, when compared with loss of a limb, to which few refuse to submit as a mean of prolonging life."—*Med. Chir. Rev. Jan. 1829. from the Glasgow Medical Journal, No. IV.*

63. *Treatment of Strictures of the Urethra.*—The mode of curing strictures of the urethra by confining a large bougie at the anterior part of the obstruction, is still employed with undeviating success in the wards of M. Dupuytren and of M. Breschet at the Hôtel Dieu. The mere contact, accurately preserved for eight or ten days, often enables a catheter of the largest size to pass freely where the smallest bougie could not previously penetrate.

"The bougies thus introduced are provided with four very narrow tapes or strings, whereby they are attached to a T-bandage, surrounding the waist and under the scrotum. In their passage they are coiled, at equidistant points, round a ring which is placed over the body of the penis."—*Lond. Med. and Phys. Journ. Jan. 1829.*

64. *Fatal error in the diagnosis of a tumour.*—A peasant boy received a blow on the left temple; a tumour was developed which was supposed to be encysted, and extirpated. The excision was immediately followed by profuse hemorrhage, which was arrested by compression; and Dr. KRAMER sent for, who found the patient in convulsions, which soon terminated in death. The extirpated tumour was an aneurismal sac communicating with the middle meningeal artery, by an opening situated between the squamous border of the temporal and the corresponding portion of the parietal bone. The middle meningeal artery was of the size of a finger fifteen lines lower than the opening. A depression in the brain under the aneurismal dilatation existed, which contained one and a half ounces of bright blood.—*Journ. für Chirurg. und Augen-heilkunde, Vol. X.*

65. *On the removal of loose substances from the knee joint.* By CHARLES AVERILL, Esq.—"When it is ascertained that one or more of these substances are lying loose in the cavity of the knee-joint, we have the choice of two modes of practice, which may be called the palliative and the curative. The former is the method proposed by the late Mr. Hey, of wearing a bandage, or laced knee-cap, so as to confine the substances in one spot, and, thereby, prevent its giv-

ing pain, by getting between the extremities of the bones forming the joint. This practice, I should imagine, is not applicable to those cases in which there are two or more substances present; especially if they differ considerably in size, and if the patient's occupation subject him to hard labour or severe exertion. In such cases, relief may be afforded by the operation of removing the substances; but this, from its necessarily laying open the joint, as well as from its having been, in some instances, unsuccessfully attempted, has always been considered a serious undertaking.

"The only difficulty that, as far as I am informed, has been found in accomplishing the operation, even when there are two or more substances present, is to fix them, whilst the operator cuts into the joint, so that he may extract them readily, after the incision is made. This difficulty, which is owing to the polished surfaces of the loose bodies, and the lubricating nature of the synovia favouring their slippery passage from one part of the joint to another, obliged the surgeon to relinquish the operation, even after he had cut into the joint, in a case of this kind, which was lately related to me by Mr. Thomas Christie, an apprentice of Doctor Ballingall, Surgeon to the Royal Infirmary, in Edinburgh. In this case, the operation had been twice attempted, by different surgeons, without success; and the patient afterwards went into the Edinburgh Infirmary; where the substance was removed by Mr. Allan.

"Aware of the above facts, I was induced to consider how I might obviate the difficulties I have stated, and have been gratified to find that I could do so by very simple means. When the patient, whose case is here introduced, came under my care, I procured an iron ring, represented in the plate, and found, upon trial, that the loose substances in his knee-joint were to be easily fixed by it, so securely, in one spot, as could leave no doubt in my mind of their being easily extracted. The result will best appear in my notes of the case, which are as follows.

"George Fluck, aged 30, by trade a gardener and nurseryman, was admitted into the Cheltenham Casualty Hospital, August 16, 1825, when he gave the following account of himself.

"He had, for several years, thought there was a degree of weakness in his knees, particularly when he was carrying any heavy weight. Between two and three months since, after he had been kneeling for some time in the garden, at work, he was attacked with considerable inflammation and swelling in the left knee, for which he used an embrocation, and when the swelling went down, he found there was a moveable substance in the joint. Shortly after, he discovered a second. These, at times, caused excruciating pain, more particularly when he was walking down hill, or coming down stairs, so as to oblige him to sit down till the pain had subsided.

"He had worn a bandage, by means of which he could fix the larger substance at the upper and outer part of the joint; but the smaller one could not be retained in any one place, and it was this, which, from its motion, and from its getting between the ends of the bones, gave him pain.

"At the time of his admission, both substances could be readily felt, and moved to different parts of the joint; one appeared to be about the size of a marble, flattened; the other considerably smaller.

"He was recommended to submit to the operation of having them removed, to which he consented; and was therefore directed, by way of preparation, to take some pills of calomel and extract of colocynth, and some aperient medicine by day, for two or three days, and to eat no meat.

"On the 19th, the operation was performed in the following manner.

"Both the substances being pushed to the upper and outer side of the joint, and the integuments drawn tightly over them towards one side,\* while the knee was kept straightened; the substances were fixed by means of the ring, which

\* "This was done to prevent the wound in the integuments being parallel to that in the capsular ligament."

I held with my left hand, firmly pressed against the side of the outer condyle of the femur, thus rendering their escape back into the joint impossible.

"I then, with a common scalpel, made an incision, within the ring, through the integuments and capsular ligament, from above, downwards into the joint; when the larger substance immediately fell out on the floor, and, with my finger, I tilted out the smaller one.

"The operation was performed in less than a minute, and only about a drachm of synovia escaped. There was no bleeding of consequence; the lips of the wound were brought together by adhesive plaster, a bandage applied, and a long splint was fixed on the outside of the limb, to prevent the knee being bent. He was directed to keep quiet in bed, and to take a saline draught every three hours.

"August 20.—He has had a good night, and is free from pain.

"22.—The wound dressed, looking very healthy.

"28.—Sat up for an hour or two.

"Sept. 3.—Discharged quite well.

"In conclusion, I may be allowed to ask, whether the evils so much dreaded in the operation of removing loose cartilages from the joints, may not, in all probability, have arisen from the excessive escape of synovia, and the irritation produced by unsuccessful attempts to squeeze out those substances at a wound made comparatively upon speculation; and whether, if they can be always certainly and securely fixed, by the simple means I have employed, the operation be not thereby rendered sufficiently safe to authorize us to recommend it with confidence; at all events, where the bandage and knee-cap have failed to afford relief."—*Midland Reporter, No. 1.*

66. *Lithotrity*.—"Mr. ZANABI PECCHIOLI, an eminent young surgeon, charged by the Grand Duke of Tuscany to observe the actual state of surgery in various countries, has made a great improvement on, or rather he has added a new and important principle to, the lithontriptic instruments invented by Messrs. Leroy d'Etoile, Civiale, Amusat, Houteloupe, &c. &c. We have had a recent opportunity of examining Mr. Pecchioli's instrument, and seeing him work it on different calculi—not, of course, in the living body. We would say that its superiority over the instruments of the gentlemen above-named, is threefold. In the first place, it combines the principles of each of the others, the drills and other parts of their machinery being rendered completely available to Mr. P.'s apparatus. In the second place, the spring, or ressort, by which the drill or perforator is made to bear on the calculus, and which cannot, in the other instruments, be made to vary in force, is superseded by the construction of the pulley, which enables the operator to modify, vary, augment, or diminish, at pleasure, the force used—and that by his own hand. This we conceive to be a very important improvement. But the third modification is the most important of all. The perforator or drill, in Mr. P.'s lithontripteur, can, at any period of the operation, be converted into a kind of trephine, varying in the diameter of its circular movements from the smallest circle up to one of eighteen lines in diameter, at the operator's will—and thus becoming capable of grinding down the calculus by a series of gyrations equal in extent to the grasp of the pincers or tenacula, instead of boring holes, and shifting the instrument for each perforation. By this operation, a considerable portion of stone may be ground down by a single sitting; and the danger of large and irregular fragments being scattered about in the bladder, when the calculus is broken after many perforations, according to the methods of Leroy d'Etoile and Civiale is avoided.

"Sir Astley Cooper, Mr. Travers, Mr. Key, and many other distinguished surgeons, have compared Mr. Pecchioli's apparatus with that of M. Civiale's; and, without vouching for the general success of the lithontriptic process, they have no hesitation in acknowledging the great ingenuity of Mr. P.'s instruments.

"P. S. When Sir Astley Cooper was in Paris last month, he went to see M.

Civiale operate with the lithontripteur. The subject was not one of the best for any operation. M. Civile threw in half a pint of tepid water—introduced the lithontripteur with the greatest ease, seized the stone, drilled it, and then crushed it, all in the space of about seven or eight minutes. The operation over, the man discharged the water which had been injected, quite turbid with the savings of the stone, and when poured off, disclosing numerous fragments that had come away with the first evacuation of the bladder after the operation. Sir Astley was quite astonished at the facility with which the whole was performed by M. Civile. We apprehend that this operation *must* become popular in the hands of a *few* expert surgeons; but we do not suppose it will ever become general among surgeons at large.”—*Med. Chirurg. Rev. Jun. 1829.*

67. *Hydrocele*.—Professor GRAEFE cures the congenital hydrocele, and that occurring in children a year old, by the application of the aqueous solution of hydrochlorate of ammonia with vinegar of squills. *Rap. de l'Inst. de Clin. Chirurg. et Ophth. de l'Univ. de Berlin, 1827.*

68. *White Swelling successfully treated by Frictions of Iodine.* By Dr. LUGOL.—The use of iodine in scrofulous tumours is strongly recommended by the most eminent French surgeons. M. BRESCHE, in his lectures, speaks of it in the highest terms. The same treatment is pursued with advantage at the Hôpital St. Louis, from the records of which a recent cure of white swelling and tumour of the jaw may be cited as a proof of its efficacy.

The patient had white swelling, with several fistulous ulcers, on the knee: the leg was bent on the thigh, and utterly useless. He had also a large tubercular tumour on the right side of the face, which seems to have its origin over the maxillary joint. The swelling was such that the man could scarcely open his mouth, and the flat edge of a penny-piece was the largest substance he could introduce between his teeth. These tumours have entirely disappeared under the use of iodine frictions.—*Journ. de Hôpitaux.*

69. *Aneurism of the Carotid cured by the Method of Valsalva*.—In Vol. II. p. 451, we noticed a case of aneurism of the crural artery cured by M. LARREY by the method of Valsalva, conjointly with the application of ice to the tumour; a case of carotid aneurism is related in *Hecker's Annals*, for May 1828, which was cured by similar treatment. In the latter case, the aneurism was situated on the left side of the neck, and extended from the thyroid body to the clavicle. The tumour was soft and larger than a pullet's egg; there was a strong pulsation in it, and the colour of the skin covering it was natural. It was cured by the continued use from the autumn of 1820 to the spring of 1822, of a rigid diet, consisting of weak soups, bread, vegetables, and of acidulated drinks; aided by rest, repeated bleedings, the use of digitalis, of laurel water, and the application of pounded ice. The patient could not support compression of the tumour; he suffered from time to time angina and difficulty of swallowing. For more than two years the patient has enjoyed perfect health.

70. *Case of Aneurismal Condition of the Posterior Auricular and Temporal Arteries, successfully treated by an Operation.* By JAMES SYME, Esq.—Mrs. T. aged fifty, applied to Mr. S. on account of a tumour about the size of a large gooseberry, which was situated behind the right ear, over the mastoid process. It had been first noticed about ten years ago, and had very gradually increased until of late, when its progress was more rapid. Pressure had been recommended by different surgeons, and tried without relief. This tumour, when seen by Mr. S. yielded readily to the fingers, and in its place could then be felt a considerable depression; so soon, however, as the pressure was removed, it immediately filled again, and if the finger was gently applied while this took place, a jet of blood could be felt issuing from the bottom of the tumour, and the patient heard such a whizzing noise, that she could hardly be persuaded



the bystanders also did not perceive it. Below the tumour, the posterior auricular artery could be felt greatly enlarged, and throbbing with violence; when this vessel was compressed, the tumour became flaccid. The patient complained of pain and noise in the swelling, the latter being often so distracting as to deprive her of sleep. Conceiving it to be an aneurism of the posterior auris, Mr. S. with the assistance of Dr. Ballingall, proposed to tie the vessel; but on shaving the hair from the side of the head, it was found that the tumour was not so circumscribed as it appeared to be, but that not only all the branches of the posterior auris were dilated, but also the posterior and middle branches of the temporal, all of which were throbbing obviously, though not very forcibly.

It was now thought that it would be necessary to tie the carotid, but before doing so, it was discovered that when the posterior auris was compressed, the dilatation disappeared; it was therefore determined to tie the latter vessel as originally proposed. It was accordingly exposed a little below where it entered the tumour, which was not very easy as its course was perpendicular to the surface, and it was included in a single silk ligature. When the ligature was drawn, the tumour became flaccid, and the dilated vessels disappeared. The edges of the wound were kept together with two stitches. Every thing went on well for a week, excepting a slight attack of erysipelas.

On the eighth day after the operation, while Mr. S. happened to press on the tumour, a slender stream of arterial blood trickled away from the side of the ligature. As it soon ceased he merely applied a compress over the wound. The hæmorrhage recurred twice or thrice in the twenty-four hours on the following days, but as it never exceeded an ounce or two he concluded that it came from the vessel above the ligature, and therefore contented himself with using superficial pressure, not in the expectation of arresting the discharge of blood,\* but in the fear of disturbing, by more efficient measures, the process of obliteration going on below the ligature, which would have been attended with more serious consequences.

On the twelfth day, conceiving that the ligature must have done its duty, Mr. S. examined the wound, and found in the seat of the ligature a small pulsating bag, from a crevice in the centre of which the blood escaped. Having detached with his nail this little false aneurism, and along with it the ligature which was inclosed, he ascertained that the hæmorrhage did proceed from the orifice of the vessel next the tumour. He then applied some small pieces of amadou supported by a graduated compress.

Every thing went on well afterwards. The wound was dressed at the end of three days, when it was suppurating most satisfactorily, and in the course of a short time it cicatrized.

For some weeks after the operation the tumour remained small and flaccid, but when the patient resumed her ordinary diet and exercise, it began to resume its former condition. It was moderately tense; and though no throbbing in it could be felt by the finger, Mrs. T. complained of the noise and pain which had distressed her previously, in a degree comparatively slight, but sufficient to disturb her repose. No appearance of the varicose dilatation of the artery could be perceived.

Finding that the uneasy symptoms continued to increase, and being anxious to take advantage of the command which had been obtained for the present over the disease by obstructing the principal supply of blood, Mr. S. determined to take an effectual step for the patient's relief.

"On the 29th of October, assisted by Professor Ballingall, I cut directly through the long direction of the tumour, which then showed itself to be composed of large irregular cells, invested by a firm capsule. While Dr. B. compressed

\* "It is highly important for surgeons to recollect that pressure is of little avail in the stopping of hæmorrhage: unless it is applied directly to the bleeding vessel. If this truth were kept in mind we should not so often hear of the humeral artery being tied, since I will venture to affirm, that there is no bleeding from injury of the hand, and I will add of the foot, which cannot be commanded by local pressure. But the pressure must be applied to the bottom of the wound, and if the orifice is not wide enough to admit of this it ought to be dilated."

above and below the tumour, I dissected it out, and then attempted to tie the vessels, but finding this very difficult, I adopted the suggestion of Dr. B. and included them in ligatures by means of a small curved needle. The ligature being drawn, the hæmorrhage ceased. I then filled the wound with dry cassis, and applied a firm bandage about the head. The patient did not experience the smallest inconvenience from this operation, excepting the pain immediately attending it. The ligatures separated in about a fortnight, and the wound is now completely healed."

Three other cases of a similar disease are related, one by Pelletan, *Clinique Chirurgicale*, Tom. II.; another by Wardrop, and a third by Dr. MacLachlan, *Glasgow Medical Journal*, No. 2. In all these cases the operation was unsuccessful.—*Ed. Med. and Surg. Journ. Jan. 1829.*

71. *Hernia, Strangulated at the Superior Internal Orifice of the Inguinal Canal.*—Dr. OUVIARD relates in his *Méditations sur la Chirurgie Pratique*, three cases of this description, in which he operated with success, a fourth in which the operation was unsuccessful, and he also gives an account of the post mortem examination at which he assisted, of a fifth patient, who died three days after being operated upon. Dissection showed that the aponeurosis of the external oblique had been freely divided, but there was a stricture towards the superior extremity of the inguinal canal, which had not been divided, and which prevented the return of the intestine into the abdomen; the fold of intestine had been pushed between the peritoneum and abdominal muscles. The peritoneum was separated for about two inches, and formed a sac in which the intestine was lodged, and to which it had attracted adhesions.

72. *Treatment of Fractures of the Inferior Extremities by Continued Extension.*—M. JOSSE, surgeon in chief of the Hôtel-Dieu of Amiens, in a memoir published in the *Repertoire d'Anatomie*, Vol. V. after presenting some general observations on fractures of the limbs, and the evils which result from the means hitherto employed in reducing them, proposes a new method, which consists in placing, with the greatest care, the fractured member in its natural direction, without attempting by any force to place the fragments in apposition; for he says that there is a great difference between supporting a part, and pulling at it. In the first case, nature permits herself to be conducted, in the second she revolts; and as long as a struggle is made between the parts of a fractured member and the apparatus with which it is treated, the latter will be overcome and the limb shortened. He is contented then to support the parts and prevent their being displaced, by an eighteen-tailed bandage; he next subjects the limb to continued extension, and by proper attention, in two or three days, even in the severest cases, he always obtains a reduction and perfect coaptation of the fractured extremities. This continued extension is kept up by an apparatus which M. Josse has invented, but which is rather complex, and we shall not therefore describe it: the object may be accomplished in various ways, which will readily suggest themselves.

73. *Extirpation of a Wen.*—M. LISFRANC has recently extirpated a very large wen from a negress, situated above the clavicle, and having prolongations under this bone. The external jugular vein, which passed through the whole vertical diameter of the tumour, was dissected and preserved; the subclavian artery and vein were laid bare; the pleura was visible at the bottom of the wound. The patient recovered without any unfavourable occurrence.—*Journal Générale de Médecine*, Jan. 1829.

74. *Reduction of a Luxation of five months standing.*—M. LISFRANC has succeeded in reducing a luxation of the head of the humerus forwards, of five months standing. To avoid the accidents that have lately occurred from attempts at reducing old luxations, M. L. commenced by making at first slight extension, and gradually increased it.—*Ibid.*

75. *Aneurism by Anastomosis, successfully treated by tying the Carotid.*—Dr. ARENDT, of St. Petersburg, has successfully treated a case of aneurism by anastomosis on the right side of the head, by applying a ligature to the right carotid artery.

76. *Aneurism of the Right Primitive Carotid, successfully treated.*—There is an account in the *Annali Universali di Med.* for September, 1828, of a case of aneurism of the right primitive carotid, successfully treated by Dr. A. MOLINA, of Pavia, by means of the ligature. The operation was performed in the manner recommended by Professor Scarpa.

77. *Amputation without applying Ligatures to the Vessels.*—In Vol. I. p. 462, we gave an account of the method of amputating by Dr. Koch, of Munich, who has “not tied a single artery in the various amputations which he has performed for the last twenty years.”

Professor Graefe relates in his *Rapp. Annuel de l'Institut. Ophthalm. Med. Chirurg. de Berlin*, that during a late visit to Munich, Dr. Koch permitted his son, in order to dissipate Dr. Graefe's doubts, to amputate a thigh. It was found necessary, however, to apply a ligature to the crural artery. The method of Dr. Koch, will not, of course, answer in all cases.

78. *Needle in the Larynx, removed by Laryngotomy.* By M. BLANDIN.—A man, aged twenty-five, whilst irritating his nostril with a needle, carelessly let go his hold, when the needle passed into the nostril and thence into the pharynx. The needle was armed with a large thread, which entered with it, and the whole disappeared. Much irritation and cough being excited, the thread was thrown out of the mouth, and the patient then endeavoured, but in vain, to extract the needle by pulling at the thread: every attempt caused acute pain. The respiration and voice becoming affected, and all efforts at extraction being vain, the patient entered the Hôpital Beaujon, June 18th, 1828. At this period the pains had considerably increased, the slightest efforts at deglutition augmented all the symptoms, so that all movement of the pharynx was impossible; the voice was nearly lost; he had a very unusual and remarkable hoarseness, a frequent cough, and every effort at coughing produced spasms of the muscles of the neck. The soft parts covering the larynx were much tumefied, the skin red and painful. The house pupil, having in vain endeavoured to extract the needle by means of the thread, sent for the surgeon, M. Blandin. When M. Blandin arrived, he found the patient still in the state already described, and in an effort at deglutition the thread had entered the pharynx. Not being able to seize the thread, and thus to ascertain positively whether the needle was in the pharynx or larynx, and the pain of respiration being still supportable, it was determined to trust the case to antiphlogistics, general and local, which were employed with some success. But on the evening of the 21st the thread was again ejected, by means of which Dr. Blandin ascertained that the needle had entered the superior aperture of the larynx on the left of the epiglottis. On the 22d, the symptoms became much aggravated, and it was determined to perform laryngotomy. This was executed by making a cautious dissection through the indurated and swollen parts, in front of the larynx, then carefully puncturing the crico-thyroid membrane, and afterwards dividing, by means of a director and bistoury, the thyroid cartilage, through its whole length, on the median line. The respiration was now much relieved, and an attempt was made to discover and remove the needle by means of forceps; but they produced so great an irritation as to induce the operator to desist. The wound was lightly dressed by means of a perforated compress covered with simple cerate, and the patient put to bed. The night was passed comfortably, and the next day the needle was found fixed in the compress covering the wound. The wound gradually healed, so that by the beginning of September only a small fistula remained, but the voice was hoarse. There was some pain in the larynx, and other indi-

cations of chronic inflammation, for which leeches, a seton to the back of the neck, &c. were prescribed, and afterwards mercurial frictions on the sides of the larynx; and caustic to the fistula. On the 30th of September the fistula was closed, and the voice had acquired more force.—*Journal Hebdomadaire de Médecine, No. I.*

### MIDWIFERY.

79. *Injection of vinegar and water into the umbilical vein in cases of Uterine Hæmorrhage, depending upon Retention of the Placenta.*—The evidence in favour of this new remedial measure, which we have already made our readers acquainted with, is increasing. Dr. JEMINA, relates in the *Repertorio di Med. di Torino*, for August, 1828, three cases of uterine hæmorrhage depending on partial attachment of the placenta, in which he succeeded in effecting its detachment by injecting the umbilical vein with cold water, in which a little vinegar was mixed.

Dr. F. O. DOUGER, of New York, also relates a successful case in the *New York Medical and Physical Journal* for December, 1828.

80. *Mr. Mantel's Report of Midwifery.*—In the midwifery practice of a healthy country town, the number of cases being 2510; there were 4 arm presentations, or 1 in 600; 8 in which turning was required, or 1 in 300; 6 in which the forceps were employed, or 1 in 400; 3 cases of embryotomy, or 1 in 800; 6 cases of puerperal convulsions, or 1 in 400; 2 cases were fatal.—*London Med. Gaz.*

81. *Case of Difficult Labour in consequence of the Enlarged State of the Kidneys of the Fœtus.*—In the first number of *Gemeinsame deutsche Zeitschrift für Geburtshunde*, a case of this kind is related by Professor OSLANDER of Göttingen. The kidneys were as large as in the adult, and greatly distended the abdomen. The other viscera of this cavity were very small.

82. *Absorption by the Uterus.*—Dr. F. C. NÆGELE, Professor of Midwifery in the University of Heidelberg has published in *Froriep's Notizen* some cases which seem to show that the placenta when retained after the delivery of the child is sometimes absorbed by the uterus. In 1802, Dr. N. was called to a lady, who in consequence probably of fatigue, “was brought to bed between the twenty-fourth and twenty-sixth week of her pregnancy; the child lived several hours after birth; little hæmorrhage followed, but the placenta did not come away. The cord, which was very thin, had been torn off at its insertion, as far as could be judged from the length of it. The midwife, who was an experienced as well as a highly respectable person, informed me that it had occurred as she passed her finger along the cord to ascertain whether the after-birth were already separated; and assured me that she had not exerted too much force in endeavouring to extract it, in which account the bystanders also agreed. The lady and her friends were under considerable alarm on account of the placenta not coming away; and the midwife, who suffered not less anxiety for her patient, scarcely quitted the bedside for the first nine days, and even passed the night in her room; so that the case was watched with the greatest attention. The lochia, which was sparing and devoid of fœtus, and with scarcely any coagula of blood, lasted only four days. A slight attack of fever was experienced twenty-four hours after delivery, unattended, however, with any pain of the abdomen. The breasts did not swell, the menstruation returned in eleven weeks, and in about three years after she bore a child at the full period of pregnancy.

“In another case, in 1811, where abortion had occurred between the fourteenth and fifteenth week, from no assignable cause, and with scarcely any hæ-